2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000101441 DOCUMENT

1. Entity Name



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90074 010 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change AD Chan	INTEGRITY	COUNSELING, INC.								
Suite, Apt. #, etc. City & State A FEI Number 59-3681895 RAPplied For Not Applied \$4. FEI Number 59-3681895 RAPPLIED \$5. Certificate of Status Desired \$6. Name and Address of New Registered Agent Name Name MAGUIRE, JANE E 1501 S. BELCHER RD. BLID B SUITE 4 LARGO FL 33771 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 Make Chepk Payable to Florida Department of State 10. OFFICERS AND DIRECTORS MAGUIRE, JANE E MAGUIRE, JANE E STRETA MORESS OFFICERS AND DIRECTORS IN 1' MAGUIRE, JANE E MAGUIRE, JANE E STRETA MORESS OFFICERS AND DIRECTORS IN 1' MAGUIRE, JANE E STRETA MORESS OFFI-ST-2P TITE MAGUIRE, JANE E SUITE MORESS OFFI-ST-2P TITE MAGUIRE Detell TITE MAGUIRE	1501 S. BELCHER RD. BUILDING B SUITE 4		1501 Š. BELCHER RD. BUILDING B SUITE 4							
City & State City & State of Status Desired Respectively Required Fee Required Required Respectively Name Name Name Street Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above pareed entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida Department of State I flue Now I florida in the State of Florida Department of State I flue Now I florida in the State of Florida Department of State I flue	2. Principal Pla	ce of Business	3. Mailing	Address) 1311185) (681 73 5 88 1 88 1 84 4 10	D) (FD)) WIDH DI	9 3) (191 (091 ·	
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate control of registered agent. SIGNATURE Signature bypoid or private name of registered agent and title if applicable. NOTE Registered Agent agents or registered agent. (NOTE Registered Agent agents or registered agent, or both, in the State of Florida. I am familiar with, and accelerate to control or registered agent. SIGNATURE Signature bypoid or private name of registered agent and title if applicable. NOTE Registered Agent agents or registered agent, or both, in the State of Florida. I am familiar with, and accelerate to control or registered agent, or both, in the State of Florida. I am familiar with, and accelerate to control or registered agent, or both, in the State of Florida. I am familiar with, and accelerate to control or registered agent, or both, in the State of Florida. I am familiar with, and accelerate to control or registered agent, or both, in the State of Florida. I am familiar with, and accelerate degent. SIGNATURE SIGNATURE SIGNATURE SIRECT ADONGS Pricers AND DIRECTORS 10. OFFICERS AND DIRECTORS In 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11. ITILE MAME STREET ADORESS CITY-ST-2P TITLE MAME SIRECT ADORESS CITY-ST										1
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

and Maguire, Pres.